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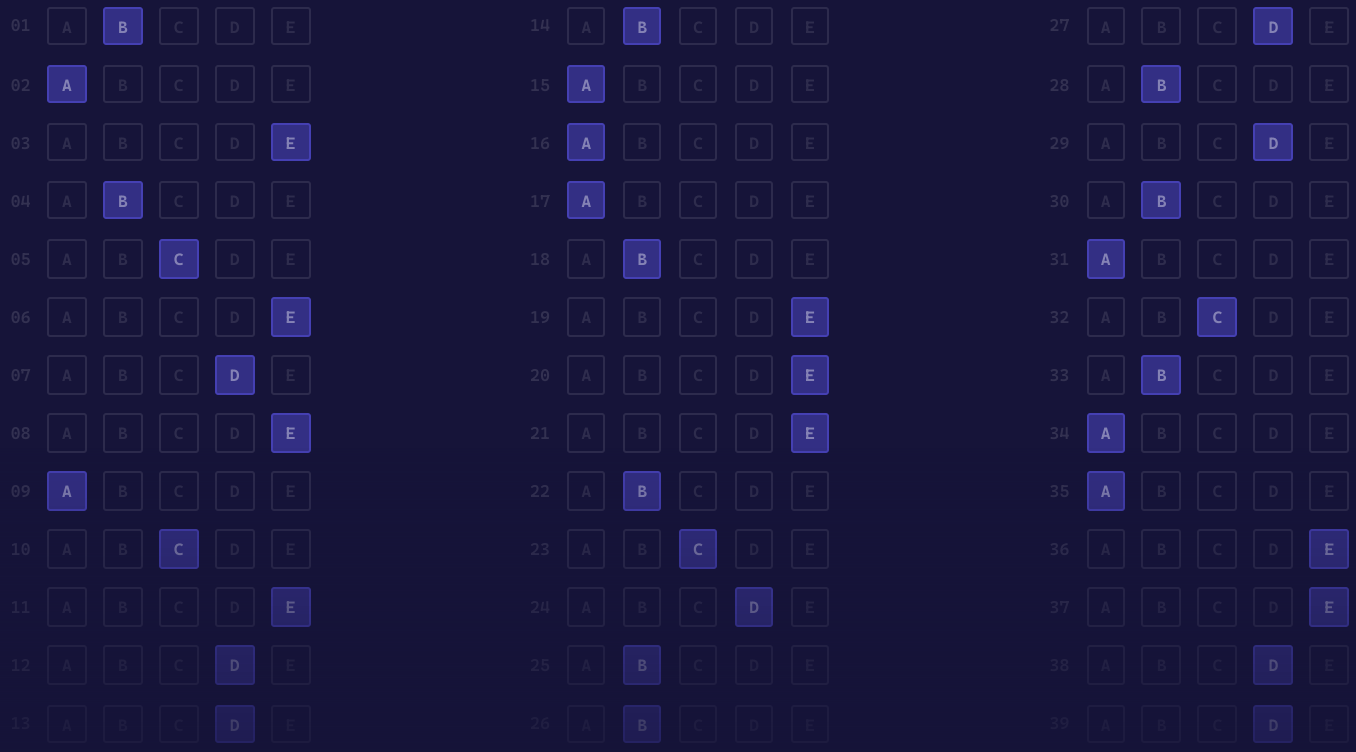

PRACTICE QUESTIONS

American Nurses Credentialing Center Readiness Test

R35

Psychiatric-Mental Health Nurse Practitioner Readiness Test

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Nurses Credentialing Center Readiness Test `R35`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `R35`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 MULTIPLE CHOICE

A 28-year-old woman with a history of major depressive disorder presents for evaluation. She reports drinking 4–5 glasses of wine most evenings and has tried repeatedly to cut down without success. She also reports using alprazolam obtained from a friend 'a few times a week' to manage anxiety. Which co-occurring conditions should the PMHNP specifically assess for in this patient? (Choose two.)

A **Bipolar spectrum disorder and post-traumatic stress disorder**

B **Antisocial personality disorder and gambling disorder**

C Generalized anxiety disorder and panic disorder

D Schizophrenia spectrum disorder and obsessive-compulsive disorder

ANSWER **A** · **B**

WHY Alcohol use disorder frequently co-occurs with other psychiatric conditions. Common co-occurring conditions include bipolar spectrum disorders and PTSD (A), as well as antisocial personality disorder and gambling disorder (B). While anxiety symptoms are reported, the question targets co-occurring conditions most associated with alcohol use disorder; GAD and panic (C) and schizophrenia/OCD (D) are less characteristic co-occurring patterns in this scenario.

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QUESTION 2 MULTIPLE CHOICE

During a group therapy session for patients with alcohol use disorder, a member states, 'I relapsed over the weekend and I'm a total failure.' Which responses by the PMHNP demonstrate therapeutic communication techniques? (Choose two.)

- **A** **'You're not a failure; you slipped, and we can explore what led up to it.'**
- **B** 'Why would you sabotage yourself right before the session?'
- **C** **'You sound discouraged. Tell me more about what happened this weekend.'**
- **D** 'Don't worry, everyone in this group has relapsed at some point.'

ANSWER **A · C**

WHY Therapeutic communication includes offering hope while reducing shame and using reflection with clarification to encourage elaboration (A, C). Option B uses 'why' questioning, which invites defensiveness and is generally non-therapeutic. Option D uses 'don't worry' reassurance, a non-therapeutic communication technique that minimizes the patient's feelings.

QUESTION 3 SINGLE CHOICE

A 72-year-old man with major depressive disorder and insomnia is started on fluoxetine 20 mg daily. One week later he reports no improvement. Which action by the PMHNP is most appropriate?

- **A** Discontinue fluoxetine and start a tricyclic antidepressant
- **B** Add a monoamine oxidase inhibitor immediately
- **C** **Reassure the patient that full effect may take 4–6 weeks and continue monitoring**
- **D** Increase the fluoxetine dose to the maximum of 80 mg daily today

ANSWER **C**

WHY SSRIs such as fluoxetine typically require 4–6 weeks at a therapeutic dose to achieve full antidepressant effect, so continued monitoring with reassurance and education is appropriate early in treatment. Abrupt switches, adding an MAOI (risk of serotonin syndrome), or rapid dose escalation are not evidence-based interventions at this point.

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QUESTION 4 SINGLE CHOICE

A PMHNP is using motivational interviewing (MI) with a 45-year-old man with alcohol use disorder who is ambivalent about changing his drinking. Which statement by the PMHNP best reflects an MI-consistent response?

A 'You need to stop drinking now or your liver will fail.'

B 'You have to attend AA meetings every day or you'll never recover.'

C 'Tell me what you like about drinking and what you don't like about it.'

D 'As your provider, I'm telling you that you must abstain.'

ANSWER C

WHY Motivational interviewing uses open-ended exploration, reflection, and elicitation of the patient's own reasons for change rather than confrontation or directive prescribing of solutions. Option C uses a developing discrepancy / double-sided reflection technique to elicit change talk, which is central to MI. The other options reflect a directive, confrontational stance inconsistent with MI.

QUESTION 5 SINGLE CHOICE

An adult patient is brought to the emergency department after a serious suicide attempt. After medical stabilization, which assessment should the PMHNP prioritize?

A Comprehensive nutritional status

B Ongoing suicide risk assessment, including plan, intent, means, and protective factors

C Detailed sleep history

D Personality inventory testing

ANSWER B

WHY After a suicide attempt, safety is the priority. A thorough ongoing suicide risk assessment that evaluates plan, intent, access to means, and protective factors guides level-of-care and safety planning decisions. Nutritional status, sleep history, and personality testing are relevant at later points but do not take precedence over acute safety assessment.

QUESTION 6 SINGLE CHOICE

A 24-year-old woman presents with 2 weeks of elevated mood, decreased need for sleep, pressured speech, grandiosity, and impulsive spending. These symptoms represent a marked change from her usual self. Which condition is most likely?

A Major depressive disorder

B Generalized anxiety disorder

C Manic episode

D Acute stress disorder

ANSWER C

WHY A distinct period of abnormally elevated/expansive mood with increased energy, decreased need for sleep, pressured speech, grandiosity, and high-risk behavior over at least 1 week meets criteria for a manic episode, typically in the context of bipolar I disorder. The other diagnoses do not include elevated mood with the associated symptoms described.

QUESTION 7 SINGLE CHOICE

An adolescent with depression discloses ongoing physical abuse by a parent. The patient denies suicidal ideation and has no plan. What is the PMHNP's most appropriate next action?

A Maintain confidentiality and discuss coping skills

B Notify child protective services and initiate a safety plan

C Wait for additional disclosures before acting

D Advise the family to address the issue internally

ANSWER B

WHY Disclosure of ongoing physical abuse of a minor requires mandatory reporting to child protective services, regardless of the patient's own risk status. The PMHNP should also develop a safety plan and arrange for a safe environment. Maintaining confidentiality in the face of ongoing abuse is not appropriate, and the nurse practitioner cannot delay action or leave intervention to the family.

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QUESTION 8 SINGLE CHOICE

A patient with schizophrenia is taking clozapine 350 mg nightly. The PMHNP should prioritize which ongoing monitoring?

A Annual liver function tests only

B Monthly absolute neutrophil count (ANC) for the first 6 months

C Weekly thyroid function tests

D No monitoring is required beyond symptom assessment

ANSWER B

WHY Clozapine carries a risk of agranulocytosis and requires a registry-based monitoring program with regular absolute neutrophil count (ANC) monitoring. The schedule is more frequent early in treatment and may become less frequent after sustained adequate ANC levels, but ongoing monitoring is required. The other options do not reflect clozapine's required monitoring.

QUESTION 9 SINGLE CHOICE

An 80-year-old hospitalized patient becomes acutely confused, with fluctuating attention and disorganized thinking 2 days after surgery. Which condition is most likely?

A Alzheimer's disease

B Delirium

C Major depressive disorder

D Vascular dementia

ANSWER B

WHY Acute onset with fluctuating course and impaired attention following a medical stressor such as surgery is characteristic of delirium. Alzheimer's and vascular dementia have insidious, progressive courses. Major depressive disorder would present primarily with low mood and anhedonia, not acute cognitive fluctuation.

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